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ANEURISM CURED BY TYING THE SUBCLAVIAN ARTERY.

DISSECTION OF THE LIMB TWELVE YEARS AFTERWARDS.

A MAN, aged 36, while making a sudden exertion with his left arm in July, 1823, felt something snap below the collar bone. In a day or two afterwards an aneurismal tumor appeared below the clavicle. The operation of tying the subclavian artery was performed by Mr. Key on the 20th of September, the tumor being then of some size, and having thrown up the clavicle. The ligature separated from the artery on the 12th day after the operation. The tumor gradually subsided, and the patient lived till the spring of 1835, when he died of anasarca of the lower limbs, and other symptoms of visceral disease. He had bequeathed his arm to Mr. Key, and after his death it was injected, removed from the body, dissected carefully, and put up as a preparation for the museum of Guy's hospital. We may observe that the case possesses some additional interest from its being the first instance in which the subclavian was tied with success in the hospitals of London.

Dissection. The muscles of the right arm were more than usually large. There was a small and indistinct cicatrix in the skin above the clavicle.

On removing the skin, the division of the platysma myoides was apparent, from an interspace of an inch between its fibres, which were here replaced by a dense cellular structure. The omo-hyoideus was rather higher than usual, probably from the division of the fascia which braces it down to the clavicle.

The subclavian trunk had undergone no material alteration in size, from its origin, to the point where the ligature had been applied, just on the other edge of the scalenus muscle. Here the vessel became suddenly obliterated, assuming the form of a dense flattened cord, which was continued for about two inches and a half into the axilla, and terminated in the remains of the aneurismal sac. The precise spot where the artery had been tied was clearly indicated by a deep indentation; but the continuity of the vessel above the ligature, with the obliterated portion below it, was not destroyed, or, more properly speaking, had been restored, after the separation of the silk, by a process of adhesion, which connected the two extremities to each other, and glued them to the contiguous structures. The aneurismal sac still existed in the axilla, where it formed a firm and solid, but at the same time somewhat elastic and yielding tumor, about the size of a small hen's egg. It was situated immediately behind the pectoralis minor, and firmly adherent to the second rib; which, however, had not become, in the slightest degree, absorbed by the pressure which it must have sustained: the sac was otherwise but slightly connected to the surrounding textures, and presented a smooth uniform exterior, bearing altogether a considerable resemblance to those cysts which are occasionally found to form themselves around foreign bodies. The obliterated portion of the axillary trunk terminated in the upper and back part of the sac: while, from its under surface, the continuation of the artery was seen to emerge, as a perfect vessel; having been restored to nearly its natural calibre by the entrance of a large branch, which was originally given off immediately below the tumor, and through which the blood had afterwards assumed a retrograde course.

On opening the sac, the coats of which were remarkably dense and hard, it was found to contain a firm and solid coagulum, which readily separated from the surrounding cyst, and, on being removed, retained the precise shape of the tumor. A section of it clearly evinced that it consisted of fibrin, apparently inorganized, dense, and tough in its texture, and of a dirty-yellowish color.

The anastomosing vessels which carried on the circulation are too numerous to be individually described. They are therefore arranged into three sets:—

1. A posterior set, consisting of the supra-scapular and posterior-scapular branches of the subclavian, which anastomosed with the infra-scapular from the axillary.

2. An internal set, produced by the connection of the internal mammary on the one hand, with the short and long thoracic arteries and the infra-scapular on the other.

3. A middle or axillary set, which consisted of a number of small vessels, derived from branches of the subclavian above, and passing through the axilla, to terminate either in the main trunk, or some of the branches of the axillary below. This last set presented most conspicuously the peculiar character of newly-formed, or rather of dilated arteries. They were excessively tortuous, and formed a complete plexus, which was almost inseparably connected with the axillary nerves: many of the branches penetrating into the midst of the nervous fibres, so as to render their separation a work of great difficulty and labor.

The chief agent in the restoration of the axillary trunk below the tumor was the infra-scapular artery, which communicated most freely with the internal mammary, supra-scapular, and posterior-scapular branches of the subclavian; from all which it received so great an influx of blood, as to dilate it to three times its natural size. The infra-scapular artery was, in this subject, given off much higher than usual; and its origin had been included in the aneurismal dilatation: in fact, the artery opened into the sac itself; and, under the restored state of the circulation, the blood had to traverse a small portion of the cavity, in order to reach the commencement of the axillary trunk. The continuity between the two vessels had been preserved through the coagulum contained in the tumor; which, for a short space, actually constituted the arterial coats; thus, when the contents were removed, the injected wax became exposed at the bottom of the cyst; while a corresponding deep sulcus in the coagulum indicated the channel through which the blood had passed.

The supra-scapular artery was, in this instance, given off by the superficial cervical, and became augmented, just as it reached the scapula, by a branch which arose from the obliterated portion of the main trunk; but which had again been rendered available, as a medium of circulation, by receiving a vessel from the subclavian above.

The common organ of the short thoracic and humeral theoracic arteries had become obliterated as it came off from the sac itself: but the two vessels had subsequently regained their original size; the one being supplied by its connection with the internal mammary; the other by communications with the superficial cervical.

Mr. Key observes, in reference to the preceding case, that it tends to lessen our confidence in the dogma, that it is unsafe to apply a ligature to a large artery, close to the organ of a considerable branch. We would say, that this opinion, or this dogma, call it which we may, is founded upon facts too well attested to permit us to doubt, that the contiguity of the organ of a large arterial branch, is a source of risk. Such cases as the present may diminish our estimate of the quantum of that risk, but were they much more numerous than they are, they could only form a *quantitative* argument. The cases in which secondary hæmorrhage has occurred, when an artery has been tied close to the point from which a vessel of any size has sprung, are sufficient to make every prudent surgeon avoid, if possible, incurring such a hazard. On the other hand we have cases, which, like that before us, inform the surgeon that under circumstances otherwise favorable, he may hope that even the vicinity of a large branch will not prevent the adhesive process in the trunk, in the situation of the ligature. Probably the state of the patient's constitution exercises the most important influence. If that is good, the formation of a solid clot may be of comparatively little consequence; if that is bad, every collateral assistance is required to seal the mouth of the vessel. All surgeons know that the adhesive process occurs more readily in some persons than in others, even in what appears to be the state of perfect health. One man who, to use the popular expression, has "got good flesh to heal," repairs even the severest injuries with little effort and disturbance. In another the most trifling wound will fester, the reparative process is established with difficulty, and imperfectly carried on, and severe lesions are almost surely mortal.

To revert to the subject of the preceding observations, the case we have related does not shake, and cannot shake the value of the practical rule—not to tie a large trunk near the source of an important branch, unless imperatively called upon to do so. If we have the choice of two situations, one near the origin of a considerable branch, and one remote from it, the man must be mad who would cæteris paribus select the former. But if we have no choice, or if there are serious objections to operating anywhere but near the origin of a large vessel, this case of

Mr. Key's, and others of the same description, will tend to moderate our anxiety and apprehensions.—*Medico-Chir. Review*.

CASE OF DIFFICULT PARTURITION,

FOLLOWED BY THE HOURGLASS CONTRACTION OF THE UTERUS ON THE PLACENTA.

BY EDWIN A. ATLEE, M.D.

On the 22d of 4th mo. 1836, while on a visit to Cincinnati, I was requested to attend Mrs. S——, in labor with her ninth child. The reasons for calling on me were, that I had formerly, when a resident practitioner in this city, rendered her similar professional services, that her physician was absent on a journey, and that, consequently, a preference was given me, provided I were willing to attend.

My patient, at the time of my visit, had been in labor about twelve hours. The membranes had been ruptured and liquor amnii completely evacuated about two hours before I saw her. By taxis I ascertained that the os tincæ was distended, in a *rigid circle*, to about the diameter of three fourths of an inch, very high, and anterior in the pelvis. With considerable difficulty, I discovered the presentation, which was of the occipital portion of the head of the child, firmly applied to the superior edge of the symphysis pubis (*ossa conjugalia?*), and of course the frontal portion resting against the projection of the *sacrum (os obfirmans pelvis?)*, so that the long diameter of the head occupied the short diameter of the pelvis. It is probable that this state of things had existed from the time of the rupture of the membranes, since I found it impracticable so to change the position of the head as to adapt it to the appropriate channel.

The pains, if so they might have been called, had subsided. After waiting an hour, and discovering no prospect of efficiency, I left the chamber, promising to return in time. Accordingly, in about two hours, I returned, and found that no progress whatever had been made, but that the patient was sitting in *hopeless hope*, yet anxious to be relieved. With a view to exciting pains, and giving them a definite direction, I administered ten grs. secal. cornut. but no specific effect having manifested itself, in the course of half an hour, I gave another dose of ten grs. This, in about fifteen minutes, had an evident effect to produce what I supposed had not yet taken place, contraction of the *longitudinal fibres* of the uterus, and consequent progressive efforts, which, however, soon subsided, having rather wedged the fœtal head in the superior strait.

Concluding that further use of the ergot would not only be useless, but probably injurious, I waited with patience on the resources of nature for about two hours longer, but with no satisfactory result. My patient had now become very *impatient;* her pulse indicating much irritability, I gave her an opiate which composed her nerves, and seemed also to excite the specific action of the powders. Strong and well determined pains now followed; the pulse became full and active, but a considerable disproportion between the head and pelvis tended to frustrate the efficiency of the pains and reasonable hopes of a speedy termination of the labor.

I now resorted to the lancet, and drew from her arm, by a large orifice, about eighteen ounces of blood. The effect was beneficial; a suspension of pains for nearly fifteen minutes ensued, affording respite to the sufferer while the uterus was recovering its powers, which were now concentrated for the expulsion of the head, that with unusual firmness and tumefaction presented at the superior strait, the fontanelle being applied intermediately between the left acetabulum and symphysis pubis.

After nearly two hours of regular and forcible throes, the resistance of the tuberosities of the *ischium* (should they not be denominated *ossa sedilia?*), caused me to apprehend that the forceps must be resorted to. I, therefore, desired the husband of the lady to obtain of my friend, Dr. Woodward, the loan of his for the purpose. It so happened that the gentleman went to the doctor's former residence, not knowing that he had removed; and the present occupant being unable to inform him where he now lived, the forceps were not brought; but by the time the husband returned, I found that the resistance was gradually yielding, and by aid of the efforts of nature, I soon effected the delivery of the head and face. But, unhappily, the pains were now instantly suspended, and not resumed for some minutes; so that if even the long protracted pressure of the head in the pelvis had not deprived the infant of life, the interval between the pains and disengagement of the head, together with the subsequent resistance of the shoulders, was sufficient to cause its death. It was stillborn.

By the usual methods I assiduously endeavored to resuscitate it, but was foiled in my attempts. It now became necessary to attend to the mother, whose placenta had not yet been expelled. On cautious examination, I had the painful disappointment to find, that the partial, or *hourglass*, contraction of the uterus had firmly locked up the placenta in the posterior chamber, or fundus, of that organ; and I was compelled, without delay, to resort to the painful and hazardous method used for extracting it, which was happily effected.

The lady has suffered no extraordinary inconvenience from the circumstances attending, and following, this very difficult labor. It is now four days since parturition, and were she not prudentially controlled, she would leave the bed during the day.

Remarks. The patient has always had difficult and tedious labors, but never before had a stillborn babe. She is a small woman; her husband is, on the contrary, very tall and robust. The children are mostly large at birth, this last particularly so.

A month before her confinement she had a fall down stairs. Her sensations from the time of that accident, were peculiar and indescribable; but she was continually afterwards impressed with a belief that "*the child was wrong*, and that *she never could get over it.*"

Had the forceps been used when first I deemed them necessary, it is possible that the infant might have been born alive. But the probability is, that *apoplexy* had taken place previously to my determination to use them. I think, however, I ought to have applied them, had they been at hand, notwithstanding the responsibility in which I was placed. From the anomalous character of the pains, preparatory to labor, and from the condition of the os tincæ on examination, I am induced to think that by her fall, the *longitudinal* muscular fibres of the uterus were in a great degree rendered torpid or inactive, while the *circular*, or *transverse*, were disposed and excited to contraction; that this disposition continued throughout, but was modified by the remedies used; that still it so predominated as to bring about the partial contraction referred to, and which, I think, is rarely attributable, either to undue tension of the umbilical cord in the efforts to disengage the placenta, or to irritation of the internal surface of the uterus by the hand of the operator. In this case no such excitements were resorted to.—*Ohio Med. Rep.*

ON THE TREATMENT OF CORNS AND BUNIONS.

Sir Benjamin Brodie has not deemed it derogatory to the majesty of surgery, to look after corns and bunions. From a most excellent clinical lecture on this subject by the able Baronet, published in the Medical Gazette, we extract some practical remarks upon their management.

A corn at first consists merely of a thickening of the cuticle, the effect of pressure, and is usually seated over some projecting bone or articulation. But after a time a little bursa forms beneath it, so that a perfect corn consists of both conditions. If the corn occurs between the toes, it is kept moist, and constitutes a "soft corn."

Hard corns are temporarily relieved by paring, filling, or causing them to exfoliate by means of caustics. But more is required for a radical cure. The following are the remarks of Sir Benjamin on this head.

"In some way or other all undue pressure must be removed from the part on which the corn is situated. *First,* the shoe must be made as nearly as possible to the shape of the foot, and it must cover the metatarsis and a portion of the tarsus, so that the whole pressure may not be thrown on the toes; or a boot made to be laced or buttoned may be worn instead of a shoe. In some cases it is advisable that the shoe or boot should be made, not of ordinary leather, but of very soft and flexible buckskin, or of cloth. A material for shoes and boots is sold under the grandiloquent name of *pannuscorium,* which answers the purpose intended in these cases very well. It is really a kind of cloth, but it has the appearance of leather, and is very soft and pliable. *Secondly,* if any of the toes are displaced in any of the ways which I have before described, we must endeavor to restore them to their natural position. In young persons this may be generally accomplished. A contrivance made use of by the bandage-makers is very useful on these occasions. It consists of a thin plate of metal covered with thin leather, or a piece of strong leather, fitted to the lower surface of the foot—not to the whole of the surface, but extending from the extremities of the toes nearly to the tarsus. Slits are formed in this plate of metal or leather, and tapes are passed through these slits, forming loops above, by means of which the toes are bound down and retained in their proper places. In many cases the same object may be attained by similar means. A stripe of linen, spread with adhesive plaster, about two thirds of an inch in breadth, may be passed over the toes which are too elevated, and under the others, the extremities of the plaster being made to cross each other over the metatarsus. If this be neatly applied, it will keep the toes parallel to, and on the same level with each other. Whichever of these methods be employed, it is necessary that it should be persevered in for a considerable time."

In old people it is useless to attempt to alter the malposition of the toes. Sometimes it is necessary to amputate a toe, in consequence of the inconvenience it occasions. This necessity arises more frequently in the lower than in the upper classes.

The chiropodists relieve a corn, by cutting a hole corresponding to it in a piece of buckskin leather, spread with some adhesive plaster, and applying this to the foot. Of course the pressure is thus taken off the corn. If a hard corn forms on the sole of the foot, over the head of one of the metatarsal bones, it is particularly troublesome. Sir Benjamin thus treats it. The hard cuticle being removed, a broad piece of buckskin leather is to be applied, having a hole in it where the corn is situated. But a thin piece of calico spread with adhesive plaster, and having no hole in it, is to be applied first; that is, between the leather and the foot. Without this last contrivance the flesh of the foot, when the patient walks, bulges or projects into the hole of the leather, so as completely to fill it up, and the patient's condition is rendered rather worse than better. The calico with adhesive plaster prevents this inconvenience, at the same time that it does not prevent the leather answering the intended purpose of taking the pressure off the corn, and throwing it on the surrounding parts.

When an abscess forms, as it occasionally does, in the bursa under a corn, the corn should be pared and the bursa opened.

A soft corn is to be treated on the same principle as a hard one. Pressure is to be removed. A properly shaped shoe must be made, and the toes, if displaced, brought back by appropriate contrivances to their right position. The right toe is the one usually distorted, and it is pushed more or less underneath the second phalanx of its neighbor. The following contrivance sometimes answers:—a piece of *very thick* buckskin leather, spread with adhesive plaster, is to be applied on the inside of the little toe, so as to occupy the whole of the inner surface, from the apex to the second joint. The leather should be cut so as to be thin at its margin; and it should be sufficiently broad to admit of being doubled over a good part of the upper and under surface of the toe, as well as its extremity. This contrivance will keep the little toe at some distance from the next toe, and prevent it from sliding again under it. In addition to these means the nitric acid should be applied to the corn itself, so that it may dry, and exfoliate. Occasionally a soft corn is exquisitely painful, although there is no suppuration beneath it. In a case which occurred to Sir B. Brodie, the application of the nitric acid relieved the excessive tenderness.

The treatment of bunions is regulated by much the same principle as that of corns.

Unhappily we can speak from experience on the miseries of corns. The tendency to them is certainly frequently hereditary, the children of parents who have labored under them, contracting them long before adequate compression from boots has occurred to occasion them. When a great disposition to their formation exists, we much fear that a permanent cure is next to an impossibility. We have given up the attempt in despair. We have tried, ad nauseum, cut boots, cut corns, plasters of all sorts on leather of all thicknesses, caustics, and all the resources of chiropodism, and here we are hobbling in damp weather with unabated agonies. If a man has really such corns, we pity him. Let him find, if he can, an honest boot-maker, who will make him what it is as difficult to discover as the longitude, easy boots, and patiently suffer the inflictions of Providence. That is the conclusion to which we have been compelled to come.

But to those who are not thus doomed to hopeless torment, we recommend the capital lecture of Sir Benjamin. If the remedies he proposes won't ease their feet, they may join the awkward squad of incurables, for neither chiropodism nor surgery can do more for them.—*London Medico-Chirurgical Review.*

To the Editor of the Boston Medical and Surgical Journal.

Sir—Should the following be considered worthy of publication, it is at your disposal.

SMALLPOX, OR VARIOLA AND VARIOLOID.

C. H. aged 20, of a robust constitution, and plethoric habit, had for a few weeks been peddling tin ware in the neighboring towns, in exchange for which he took in rags, wool, feathers, &c. These, on his arrival at his father's, he picked over and assorted, preparing them for market. Some of the rags were washed by his sister, and all the family had more or less to do with his load. He had been at home but two days when he was taken with severe pain in the head, back and limbs, nausea, languor, &c. having the usual symptoms of an attack of fever, attended with a dry cough. On the second day of the disease, he, supposing it to be "a cold," sent for a *Thomsonian* that resided in the neighborhood. As a matter of course, he then went through a course of lobelia, emetics, steaming, cayenne, &c. About the third or fourth day of the disease, under the above treatment, the external surface became very red, throat sore, cough dry, &c., the redness first appearing in small thickly-set, flea-bite specks, which soon spread and covered the whole surface. This was called by the Thomsonian a good sign, he having succeeded in "*driving the cold out.*" On the fifth day, the eruption becoming more distinct, and the symptoms more aggravated, the family suspected something more serious, and thinking it might be *variola*, they sent for Dr. C. an experienced physician, who had had the disease, i. e.

smallpox, in order if possible to ascertain the fact. Dr. C. staid over night, and after examining the case, decided it as his opinion that it was nothing more than a *fever*, no exposure to variola being *known*. On the seventh day, the eruption still increasing, the select men and people generally being dissatisfied, one of the former came to me and wished to have me go and decide what ailed the young man. I found him with his face much swollen, pulse full and frequent, a great increase of the salivary secretion, throat very sore; small, hard, pea-like substances beneath the skin, over all parts of the body—a few filled with a thin watery fluid, most abundant about the face, neck and extremities. There was a good deal of hoarseness and considerable cough; bowels full, urine scanty and high colored. I could not learn that he had been anywhere in the region of the smallpox, his ride having been confined to a few country towns. Had the disease existed in them, no doubt it would have been known. I however decided, without hesitation, that it was a well-marked case of *variola*.

Till this time, any and every person had been permitted to visit him. A great part of the neighborhood had been exposed, and very few had ever had the vaccine disease. Strange it is that parents and guardians will be so far regardless of the safety of their children, as to take no pains for their vaccination. Even if the physician goes to the dwelling, and offers to vaccinate the whole family for a *very trifling* expense, it is only now and then that he can find one that is willing. And so long as this negligence exists, so long will this loathsome disease be breaking out, as it now does, in every town and village in our country. I believe it should be the law of our land that no child should be allowed to pass a certain age without being vaccinated; and if put in force, one great preventive would be accomplished. But to return to the case under consideration. A rigid antiphlogistic course was pursued. On the 11th day, the disease came to its height, and from that time he rapidly recovered, so that in three weeks he was permitted to go at large and do the duties of a farmer.

From the first to the tenth day of the foregoing case of variola, the family, consisting of five persons, were all exposed to the infection. On the seventh, the day I was called, I vaccinated them all with virus I had kept only a few months. The mother and sister of the patient presented scars or marks of previous vaccination. The next day the whole family were inoculated from the pustules of the patient; and all now commenced a course of dieting. A large number of persons in the vicinity had been into the room to see the sick man, previous to the seventh day of his disease and fourth of the eruption; these also were all vaccinated.

Of the above family, two out of the three that had not had the vaccine disease previously, had it now; but the third, an elderly lady, did not, but accordingly had the smallpox. The mother and sister escaped both. Of all that had been exposed, three had the varioloid—one in the family, and two out. The father of the young man who was first taken, was inoculated for the variola twelve hours before he was vaccinated for the kinepox in the opposite arm. Both took, and both appeared to progress together. On or about the eighth day, the system began to be affected, and he had the usual symptoms of pain in the head, back and limbs, chills, lassitude, nausea, &c. The smallpox pustule, however, immediately began to flatten, the areola was more circumscribed, it soon lost its inflammatory appearance and died away; while the kinepox pustule, on the contrary, continued to progress, and went through all the different stages regularly to its termination.

It still remains unknown whether the first case was from an exposure during his travel, or from the contents of his load.

MEASLES SECOND TIME.

W. M. aged 26, farmer, plethoric, healthy constitution, was exposed, with a number of others, to the measles. In about 12 days after, he was attacked with the usual premonitory symptoms of this disease. These increased in severity till the fourth day, when the eruption began to appear about the face and neck, though he little suspected that it was anything more than a common cold. The symptoms, however, became so severe that on the second day of the eruption I was called. On examination I found it a well-marked case of rubeola. My patient, however, affirmed that eleven years before, while attending school, he, with a large number of other children, was exposed to the measles, and that he had them at the same time, with many others. Nothing, so far as I could learn from those well acquainted with the facts, seemed to disprove this statement. He however now went through with a pretty severe case of rubeola. Became convalescent on the 12th day of the disease. Having been at considerable pains to satisfy myself in regard to this case, I became pretty well convinced that W. M. did actually have the measles twicc. E. W. R——, M.D.

Westport, N. Y. July, 1836.

EFFUSION OF BLOOD INTO CHAMBERS OF THE EYE, FROM INJURY.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

The following case is offered chiefly to exemplify the extraordinary power which the aqueous humor possesses in dissolving and promoting the absorption of foreign substances in the anterior chamber of the eye.

H. Merrifield, aged 22, stone-cutter, received a violent blow upon the corner of the right eye, on Wednesday noon, followed by immediate loss of vision, with pain of the eye and forehead. He was seen two hours after the accident, at which time the tunica conjunctiva had become injected and the eye was tearful; the two lower thirds of the anterior chamber were filled with blood, of which the lower third appeared to be coagulated, while the upper was partially diffused or mixed with the aqueous humor; the pupil was widely dilated, presenting a clear and transparent space above the volume of blood; the cornea was opaque at one small spot only, and at this point, the surface was broken or abraded; vision was nearly or quite extinct, the patient retaining, with this eye, merely the perception of light. This diminution of vision was not owing entirely to the presence of blood in the anterior chamber, but rather to some deranged condition of the retina simultaneous in its occurrence with the sanguineous effusion, and referable to the same cause, viz. concussion of the eyeball. This may be inferred from the fact, that there existed at the upper part of the dilated pupil, above the effusion, a sufficient space to admit the rays of light. The pulse was not affected, and the patient absolutely declined having any blood taken from the arm. He was therefore directed to have leeches applied freely upon the right temple; to take one of the following powders every third hour, until active catharsis should be induced; to keep the eye covered with cloths constantly wet with cold water; and to adopt a strict antiphlogistic diet and regimen, with entire rest for the eye. R. magnesia sulphatis ℥ss. Jalapæ pulveris ℈i. Misce.

Thursday, 2d day.—The leeches had bled freely, and the patient had been actively purged by the cathartic medicine, by which means the pain of the forehead and eye, previously very severe, had been removed. One half of the effusion of blood had been absorbed (in about eighteen hours from the time of the accident), and vision had become somewhat more distinct. The pupil, however, remained in the same state as on day previous, and the conjunctiva continued to be vascular. Leeches and cathartic were directed to be repeated.

Sunday, 5th day.—The effusion of blood had nearly disappeared from the anterior chamber, leaving merely a coagulum at the lower part, similar in form to the collection of pus seen in the early stage of hypopium. Power of vision had now so far become improved, that the patient was able, with the injured eye, to distinguish the hour by a watch. The pupil still remained dilated and insensible to the stimulus of light, being in a state of paralysis from the pressure of blood upon its fibres. Some degree of haziness or dimness of the pupil was perceptible, but the pain, and likewise the vascularity of the eye, had abated. The patient now preferred to have warm topical applications to the eye, instead of the cold lotions which had previously been more agreeable to his feelings. To promote, by its sorbefacient powers, the portion of blood remaining in the anterior chamber, and also to restore vision perfectly, the patient was advised to take a small quantity of calomel and opium, night and morning.

Sunday, 12th day.—The patient had taken the pills three or four times only, and had returned to his work some days since, considering the eye as being entirely well. His mouth had not been at all affected by the calomel. No trace of blood was now visible in the anterior chamber, and the conjunctiva was not injected. The pupil continued in a state of dilatation, and the iris was very sluggish in its *lower* half, where that membrane had received the weight and pressure of the blood, while the upper section had recovered motion and activity. Vision was perfectly restored. The iris very gradually recovered its tone and sensibility to light, and no further inconvenience was experienced.

The power of dissolving extraneous matter,* such as lymph, pus, blood, &c. with which the aqueous humor is wisely endowed by nature, has been in some rare instances sufficient to remove the points of steel instruments accidentally broken off and left in the anterior chamber, in operations upon the eye. The solution and consequent absorption of portions of the opaque lens is familiar to every one, and beautifully illustrates the application of the conservative vital power, in removing any impediment to the perfect exercise of functions so essential to our comfort and even existence.

Bostcn, July, 1836.

THE LATE DR. HAZELTINE.

[Communicated for the Boston Medical and Surgical Journal.]

The decease of Dr. Richard Hazeltine, of Lynn, was announced in a late number of the Boston Medical and Surgical Journal. The character of so distinguished and exemplary a physician is worthy of more particular notice.

Dr. H. was a native of the granite State, and, like many of her sons, possessed the industry and perseverance that fit one for usefulness, and insure success. Favored with but limited means and opportunities for an early education, he found it necessary to make the most of such as he enjoyed; and so great was his assiduity, that he made himself a better classic scholar than many are who receive a collegiate education. He studied medicine in Concord, N. H. and was licensed to practice by the State Medical Society. He commenced practice in Limerick (Me.), and removed thence to Berwick. Whilst here, he was elected a Fellow and Counsellor of the Massachusetts Medical Society, and served as its orator at one of its annual meetings. He also received the honorary degree of Doctor in Medicine at Dartmouth College. In 1817 he removed to Lynn, and was immediately elected Counsellor of the M. M. S. for the county of Essex, which office he held till within the last year or two, when his health suddenly failed.

Dr. H. was an early contributor to the New York Medical Repository, and to several other Medical Journals, and wrote some in literary periodicals. In all these writings, his literary taste and extreme accuracy, even to punctuation, were remarkable. Perhaps it may be said of him, that he rather weakened the force of his ideas, by the too free use of the file. In this respect, as well as in his manners and conversation and professional duties, there was an exactness and precision that wore the air of fastidiousness, such as Lord Chesterfield would not have inculcated, and which in truth interfered in some degree with his popularity. But he was ardently attached to the profession, to which he was an ornament, was strictly observant of the rules that regulate professional intercourse, was scrupulously exact in the performance of his duties in all the relations of life, and died, as he had lived, an exemplary professor of the christian religion.

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* With regard to this power of solution and absorption acting upon effused lymph, some observations, worthy of attention, may be found in a Treatise on Diseases of the Eye, by W. Lawrence, Surgeon to the London Ophthalmic Hospital, p. 248.

> " When to the common rest that crowns our days,
> Called in the eve of life the good man goes;
> ———— ————and, ripe in wisdom, lays
> His silver temples in their last repose,
> We think on what he was—his stainless worth,
> ———— ————and in the book of fame
> The glorious record of his virtues write."

Medicus.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 3, 1836.

EFFICACY OF EXTERNAL REMEDIES TO THE SKIN.*

A work in the Latin language has been kindly forwarded from Amsterdam, with notes in French, English, Latin and German, which manifest not only prodigious industry, but also a fund of philological knowledge. The subject of this work, was a question submitted by the Faculty of Medicine of the Academy of the Rhine, in the year 1831, for prize dissertations. It was the comparative efficacy of external remedies to the skin in its entire and abraded state, in the treatment of internal disease. The prize was awarded to the dissertation of Dr Van Cooth, and from an examination of the work, we should judge it worthy of such distinguished commendation. The author, then a medical student, is an active practitioner of medicine in Amsterdam, and although young, holds a deservedly high rank in the profession. He has produced another work on Dietetics, which will be the subject of a future notice. The first impression of the reader, on a perusal of this volume, would be that it is the result of deep and unwearied research in the history of medicine. It bears the invariable characteristic of German assiduity when directed to any intellectual effort. You are satisfied that the entire ground has been examined—that the most remote as well as immediate relations have been brought in—and the student has labor enough imposed to examine, by text book, his rich and varied researches. Though perhaps irrelevant, we can hardly refrain from hinting, by way of contrast, at our own superficial system of bookmaking. It is doubtless the legitimate result of our course of education. A single chapter of a work like that under consideration, cost more patient intellectual toil, than a whole quarter of compilation and plagiarism, which our presses send forth. We leave this hint, with the hope that there will be among us increased requisition and more systematized study among medical students in our country, which, more than any other cause, will stop the inundation of the country by popular works on medicine, and the host of quackish dispensers of the art of healing.

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* Medicina Externa Morborum internorum, sive methodi Jatralepticæ et endermaticæ expositio historica, physiologica et therapeutica, nec non utrisque comparatio. Auctore Carolo Josepho Van Cooth, med. Stud. Trajecti ad Rhenum, apud Joh. Altheer, academiæ typographum. MDCCCXXXIV. P. 317, 8vo.

This work commences with the history of the external application of remedial agents to the sound skin. He begins with Herodicus (thought to have been the preceptor of Hippocrates), before J. C. 440. There was a common use of these agents to the Athletæ in their exercises, by ointments and baths of medicated waters. Hippocrates extended the use, by employing the same remedies, with frictions, in pleuritis and analogous suffering. This history is minutely carried down to the 18th century—exhibiting an accurate acquaintance with the different medical writers of the earliest periods, in the different nations. Chap. 2d gives the anatomical and physiological reasoning on which their application is based, viz. the cutaneous system, its nerves, lymphatics, and the function of absorption, determined by a full series of important observations; such as when matter is applied to the skin, it may be detected by its odor, taste or chemical properties—the secretion of urine greater than the amount of drinks—the mitigation of thirst by the use of baths, and the enlargement of the glands—the increased weight of the body after bathing, and increased diuresis. He gives an order of experiments on the action of external remedies on the sound or abraded skin—taking the remedies from the vegetable and animal kingdoms.

Chap. 3 treats of the indications of the use of these means, viz. where internal remedies would be prohibited, either from the condition of the part, of the sick—and also in aid of internal remedies. Connected with this chapter is a series of observations on the different remedies and the diseases in which they may be employed, from which, had we room, we should be rewarded by making extracts.

Chap. 4 treats of the endermatic method, or the application of remedies to the skin in a denuded state—and the author has given, with equal minuteness and fidelity, series of experiments showing its absorbing power and the use to which it may be turned in the treatment of disease.

Chap. 5 is an elaborate comparison of the two methods in specified diseases.

We never take a work like this into our hands, but we feel how little we are doing toward the important purpose of advancing medical science. What else is needed but a habit of observing, and the willingness to perform the patient labor of embodying our observations. Facts only are demanded—and we hope that the example of German industry, and the adoption of the numerical system of the French observers, will be so united in our youthful practitioners, that the science may expect important contributions.

Medical Degrees.—There was a mistake last week in regard to the number of medical degrees conferred at Edinburgh. It should have been thus: at *Oxford University*, only thirty-five degrees of medicine have been conferred in the last ten years, and eleven of those were M.B. instead of M.D. At Marischal College, Aberdeen, the candidate, previously to examination, must be twenty-five years old and M.A. of some university. There were graduated at the British College, from 1824 to 1833, five thousand and sixty-four surgical diplomas. In Glasgow, diplomas are granted by the University—the graduates are called Masters in Surgery.

Institution at Pepperell.—We are happy to learn that Dr. Cutter has returned to Pepperell, and tenders his valuable services to those afflicted with mental alienation, in any degree whatever, and also to those suffering from chronic diseases generally.

To his former extensive experience in nervous disorders and derangement of the mind, Dr. Cutter has added the highly important advantage of a critical examination of all the celebrated institutions of the kind in this country. We cheerfully recommend his establishment to the favorable notice of the profession, and to invalids who may be desirous of securing the benefit of pure air, good opportunities for obtaining exercise abroad in fine weather, and in a gymnasium erected for the purpose at other times, and the personal attention of a gentleman of science and experience.

Preparations of Silver against Syphilis.—M. le Professeur Serres, of Montpelier, has announced the successful results obtained by him in the treatment of old and serious syphilitic diseases, by the use of chloruret of silver and ammonia, of oxide of silver, and of argent divisé. He is now engaged in researches on the effects of cyanuret and ioduret of silver. —*Rev. Med.*

Chase's Inguinal Truss.—Dr. Leach, the Boston agent, has politely favored us with another fine specimen of Chase's Truss. It seems faultless. It is quite wonderful how so many truss manufactories are sustained in this country, especially when the fact is discovered, as it must be, that one half of them, at least, are worthless. Chase's is unrivalled in workmanship. Physicians should know more of them.

PEPPERELL INSTITUTION FOR THE INSANE.

Dr. Nehemiah Cutter would inform his friends and the public that he has returned to Pepperell, and has taken charge of the institution for invalids, at that place, to which he will devote strict personal attention at all times. He solicits a continuance of the confidence and patronage of his friends and the public generally.

Pepperell, Mass. July 27, 1836. Aug. 3—tf

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry by Dr. Channing.
On Physiology, Pathology, Therapeutics, and Materia Medica - - - ". Dr. Ware.
On the Principles and Practice of Surgery - - - - - - - - - " Dr. Otis.
On Anatomy - - - - - - - - - - - - - - " Dr. Lewis.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are $100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Jan 20—1yep

THE MEDICAL LECTURES at Dartmouth College, Hanover, N. H. will commence on Thursday, the *eleventh* day of August, and continue *fourteen* weeks. Lectures on

Anatomy, Surgery and Obstetrics, by - - - R. D. Mussey, M.D.
Physiology, Materia Medica and Medical Jurisprudence, - Daniel Oliver, M.D.
Theory and Practice of Physic, - - - J. Delamater, M.D.
Chemistry and Pharmacy, - - - - O. P. Hubbard, A.M.

Fees for the course, $50 ; Matriculating fee, $2.

The Lectures on the Theory and Practice will be given, this year, during the first *five* weeks of the term, two lectures daily.

June 23, 1836. 3t—July 20

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures for 1836 will commence the last THURSDAY in August, and continue *thirteen* weeks.

H. H. CHILDS, M.D. Theory and Practice of Medicine and Obstetrics.
E. BARTLETT, M.D. Pathological Anatomy.
DAVID PALMER, M.D. Materia Medica and Pharmacy.
C. DEWEY, M.D. Botany, Chemistry and Natural Philosophy.
W. PARKER, M.D. Surgery and Physiology.
R. WATTS, JR. M.D. General and Special Anatomy.
Hon. HENRY HUBBARD, Legal Medicine.

The Trustees of the Berkshire Medical Institution, in issuing their annual Circular, believe themselves justified in promising to those young men, whose local situation or whose personal predilections may lead them to a connection with the School, a course of public instruction as thorough, efficient and practical as can be enjoyed at any of our various medical establishments. To the branches heretofore taught, which have been the same as in other American Medical Schools, arrangements have been made for the addition of a Course of Lectures on PATHOLOGICAL ANATOMY, to be illustrated by morbid specimens and by an extensive series of colored representations of diseased structures.

By legalizing the study of Anatomy, the Legislature of Massachusetts has furnished its Schools with superior advantages for Practical Anatomy. It has also, by this provision, most effectually guarded the sepulchres of the dead against all violation.

Fellows of the Massachusetts Medical Society, and those who have received the degree of M.D. are admitted gratuitously to the Lectures. The degree of M.D. is conferred at the annual Commencement of the Institution and at the Commencement of Williams College. The requisitions for the degree of Doctor in Medicine are three full years study under a regular practitioner, attendance on two full Courses of medical lectures in regularly established medical institutions, an adequate knowledge of the Latin language, and a good moral character.

Fee for the whole course of Lectures is $50; those who have already attended two full courses at an incorporated medical school, pay $10. Graduation, $16. Board, including room rent, washing and lodging, $2 per week; without washing, $1 83 cents.

In one week after the close of the Public Lectures, commences the winter Reading Term, which continues 12 weeks, and is devoted to Practical Anatomy, the Principles and Practice of Surgery, and Obstetrics. By order of the Trustees,

Pittsfield, June 29, 1836. P. L. HALL, *Secretary.*

NOTE.—The following authors are recommended to be read by the students during the Lecture Term.
On Anatomy, C. Bell, Horner, Cloquet, and Wistar.
Surgery, S. Cooper, W. Gibson, and Sir A. Cooper's Works
Practice and Theory, Gregory, Good, Eberle, Dewees, and Mackintosh.
Obstetrics, J. Burns, Dewees, and London Practice.
Materia Medica and Medical Jurisprudence, Beck, Chapman, and Eberle.
Chemistry, Brande, Turner and Beck.
Pathological Anatomy, Andral, Louis, Horner, Gross on the Bones. July 27—tS.

VERMONT ACADEMY OF MEDICINE,

AT CASTLETON, VT.

THE Medical Lectures at this Institution will commence on the second THURSDAY in August next, and continue fourteen weeks. Lectures on

Theory and Practice of Physic and Materia Medica, by WILLIAM TULLY, M.D.
Surgery and Obstetrics, by THEODORE WOODWARD, M.D.
Chemistry and Natural History, by JOHN D'WOLF, JR. A.M.
Anatomy and Physiology, by JAMES H. ARMSBY, M.D.

Fees for the Course, $45. Graduating fee, $16. Matriculating fee, $3. Jy27—4t.
July 22, 1836.

HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin at the Massachusetts Medical College in Mason Street, Boston, the first Wednesday in November next, at 1-4 before 9 A. M. and will continue three months. For one month after the end of the course Lectures will be delivered in the College, and the Dissecting Room will be open to such Students as may remain, without additional fee. Such Students may also attend the Practice of the Massachusetts General Hospital.

Anatomy and Operations in Surgery, - - - - - - - -	DR. WARREN.
Chemistry, - - - - - - - - - - - - - -	DR. WEBSTER.
Materia Medica, - - - - - - - - - -	DR. BIGELOW.
Midwifery and Medical Jurisprudence, - - - - -	DR. CHANNING.
Principles of Surgery and Clinical Surgery, - - - -	DR. HAYWARD.
Theory and Practice of Physic, - - - - - -	DR. WARE.

Clinical Lectures will be delivered as usual on the cases in the Massachusetts General Hospital.

New Dissecting Room.—A new Dissecting Room is now building, and will be finished before the Lectures begin. It will occupy all the vacant land at the East of the Medical College. Every care is taking to make this important part of the Medical School as perfect as possible, so that it may furnish to the Student ample facilities for prosecuting his Anatomical studies. The legal enactments of the State, so liberally and so wisely framed, will be faithfully and thoroughly applied to the accomplishment of their important objects. WALTER CHANNING, Dean.

July, 1836. eoptN

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